

Department of Public Health and Social Services
Division of Environmental Health
Food Establishment Inspection Report

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INSPECTION	RSN	TYPE	GRADE	INSPECTION DATE		ESTABLISHMENT NAME	
Regular			<u>Ø</u>	<u>10 / 03 / 2017</u>		<u>HEALTH CRAZE</u>	
Follow-up	<u>✓</u>			TIME IN	TIME OUT	PERMIT HOLDER	
Complaint			RATING	<u>10:05 AM</u>	<u>10:40 AM</u>	<u>CCY, LLC.</u>	
Investigation			<u>A</u>	SANITARY PERMIT NO.		LOCATION (Address)	
Other:				<u>170000748</u>		<u>#226 CHALAN SAN ANTONIO, TAMUNING</u>	
ESTABLISHMENT TYPE				AREA	TELEPHONE	No. of Risk Factor/Intervention Violations	RISK CATEGORY
<u>DRINK STAND</u>				<u>6</u>	<u>483-8210</u>	<u>Ø</u>	<u>1</u>
				No. of Repeat Risk Factor/Intervention Violations <u>Ø</u>			

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance (IN, OUT, N/O, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R.

IN = In compliance OUT = Not in compliance N/O = Not observed N/A = Not applicable COS = Corrected on-site during inspection R = Repeat violation PTS = Dement points

Compliance Status				COS	R	PTS
Supervision						
1	<u>IN</u>	OUT	Person in charge present, demonstrates knowledge, and performs duties			6
Employee Health						
2	<u>IN</u>	OUT	Management awareness; policy present			6
3	<u>IN</u>	OUT	Proper use of reporting, restriction & exclusion			6
Good Hygienic Practices						
4	<u>IN</u>	OUT	N/A	N/O		6
5	<u>IN</u>	OUT	N/A	N/O		6
Preventing Contamination by Hands						
6	<u>IN</u>	OUT	N/A	N/O		6
7	<u>IN</u>	OUT	N/A	N/O		6
8	<u>IN</u>	OUT				6
Approved Source						
9	<u>IN</u>	OUT				6
10	<u>IN</u>	OUT	N/A	N/O		6
11	<u>IN</u>	OUT				6
12	<u>IN</u>	OUT	N/A	N/O		6
Protection from Contamination						
13	<u>IN</u>	OUT	N/A			6
14	<u>IN</u>	OUT	N/A			6
15	<u>IN</u>	OUT				6
Potentially Hazardous Food (TCS Food)						
16	<u>IN</u>	OUT	N/A	N/O		6
17	<u>IN</u>	OUT	N/A	N/O		6
18	<u>IN</u>	OUT	N/A	N/O		6
19	<u>IN</u>	OUT	N/A	N/O		6
20	<u>IN</u>	OUT	N/A			6
21	<u>IN</u>	OUT	N/A	N/O		6
Consumer Advisory						
22	<u>IN</u>	OUT	N/A			6
Highly Susceptible Populations						
23	<u>IN</u>	OUT	N/A			6
Chemical						
24	<u>IN</u>	OUT	N/A			6
25	<u>IN</u>	OUT				6
Conformance with Approved Procedures						
26	<u>IN</u>	OUT	N/A			6

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

Mark "X" in box: if numbered item is not in compliance and/or if COS and/or R. COS = Corrected on-site during inspection R = Repeat violation PTS = Dement points

Compliance Status				COS	R	PTS
Safe Food and Water						
27			Pasteurized eggs used where required			1
28			Water and ice from approved source			2
29			Variance obtained for specialized processing methods			1
Food Temperature Control						
30			Proper cooling methods used; adequate equipment for temperature control			1
31			Plant food properly cooked for hot holding			1
32			Approved thawing methods used			1
33			Thermometer provided and accurate			1
Food Identification						
34			Food properly labeled; original container			1
Prevention of Food Contamination						
35			Insects, rodents, and animals not present			2
36			Contamination prevented during food preparation, storage & display			1
37			Personal cleanliness			1
38			Wiping cloths: properly used and stored			1
39			Washing fruits and vegetables			1
I have read and understand the above violation(s), and I am aware of the corrective measures that shall be taken.						
Proper Use of Utensils						
40			In-use utensils: properly stored			1
41			Utensils, equipment and linens: properly stored, dried, handled			1
42			Single-use/single-service articles: properly stored, used			1
43			Gloves used properly			1
Utensils, Equipment and Vending						
44			Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used			1
45			Warewashing facilities: installed, maintained, used; test strips			1
46			Nonfood-contact surfaces clean			1
Physical Facilities						
47			Hot & cold water available, adequate pressure			2
48			Plumbing installed; proper backflow devices			2
49			Sewage and wastewater properly disposed			2
50			Toilet facilities: properly constructed, supplied, & cleaned			2
51			Garbage/refuse properly disposed; facilities maintained			2
52			Physical facilities installed, maintained, and clean			1
53			Adequate ventilation and lighting; designated areas use			1
Documents and Placards						
54			Sanitary Permit, Health Certificates valid and posted			2

Person in Charge (Print and Sign)	<u>Cecilia Yoshimoto</u>	Date:	<u>10/3/17</u>
DEH Inspector (Print and Sign)	<u>LEILANI NAVARRO, EPHU I</u>	Follow-up (Circle one):	<u>YES</u> <u>NO</u> <u>N/A</u>
		Follow-up Date	<u>N/A</u>

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ESTABLISHMENT NAME HEALTH CRAZE		LOCATION (Address) #226 CHALAN SAN ANTONIO, TAMUNING	
INSPECTION DATE 10, 03, 2017	SANITARY PERMIT NO. 170000748	PERMIT HOLDER CCY, LLC.	

TEMPERATURE OBSERVATIONS

Item/Location	Temperature (° F)	Item/Location	Temperature (° F)

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

	A FOLLOW-UP INSPECTION WAS CONDUCTED TODAY FOR PREVIOUS INSPECTION DATED 10/02/17, WHICH RESULTED IN A GRADE/RATING OF 27/C.	
	ALL PREVIOUS VIOLATIONS OF ITEMS NO. 1, 2, 4, 14, 37, 42, 45, AND 54 WERE CORRECTED, AND NO NEW VIOLATIONS WERE OBSERVED TODAY.	
	SANITARY PERMIT SHALL BE RE-INSTATED AFTER PAYMENT OF \$100 TO THE DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES.	
	RETRIEVED NOTICE OF CLOSURE PLACARD.	
	POSTED "A" PLACARD NO. 02516.	
	BRIEFED OWNER, CECILLE YOSHIMOTO, ON ABOVE INFORMATION.	

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in the immediate suspension of the Sanitary Permit or downgrade. If seeking to appeal the result of any notice or inspection findings, a written request for hearing must be submitted to the Director within the period of time established in the notice for corrections.

Person in Charge (Print and Sign) Cecille Yoshimoto	Date: 10/3/17
DEH Inspector (Print and Sign) LEILANI NAYANU, EPTU I	Date: 10/03/17

RE-INSPECTION REQUEST

TO: Bureau of Inspection and Enforcement, DEH, DPHSS
Facsimile No. (671) 734-5556 300 - 9577

FROM: HEALTH CRAZE
ESTABLISHMENT NAME

CCY, LLC.
OWNER/MANAGER

SUBJECT: Request for Re-Inspection

Our establishment was inspected on 10/02/17 by L. NAVAMU
Date Name of Environmental Public Health Officer

resulting a letter grade of 27/c. I have performed the following to correct the violation(s).

Item No.	Specific/Detailed Action(s) Taken Correcting the Violation(s)
1.)	Person-in-charge secured a Health Certificate and made schedule for Testing. Also made schedule for Managers Certification.
2.)	Signed and read Employee Health Policy.
4.)	Employee was warned not to chew gum or eat while working. If found doing so, will be given disciplinary action.
14.)	Will clean and sanitize equipment such as blenders, pitchers every 4 hrs.
39.)	Employee will start wearing hair restraint

I am requesting a re-inspection of this establishment on October 3 ²⁰¹⁷ at 10:00 AM or at your earliest convenience.

If you should have any questions, please call me at 489-8958. Thank You.

Cecille Yoshimoto
PRINT NAME

Cecille Yoshimoto
SIGNATURE

10/2/17
DATE



OCTOBER 2017
REGISTRATION FORM



FOOD SERVICE MANAGERS' CERTIFICATION

EMPLOYER: HEALTH CRAZE

CLASS DATES: October 23,24,25, 2017

NAME: GLORYANN SIKOW
First Name Middle Initial Last Name

EMAIL ADDRESS: SIKOWGLORYANN1031@YAHOO.COM DOB: OCTOBER 31, 1994

MAILING ADDRESS: POB 10484 TAMUNING 96913

WORK PHONE#: 483-8210 CELL#: 685-3261

FOR TOURISM OFFICE USE ONLY

* Tuition FOP: Cash or Credit Card (Non-refundable) *

Date Received:

Date Paid:

Received by:

GCC Receipt #:

Day 1: 8am-5pm instructional
Day 2: 8am-6pm instructional/review
Day 3: 8am-11am testing

Student Signature

Date

ATTN: marilou.scroggs@dphss.gov